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26263 7590 03/19/2004

**SONNENSCHN NATH & ROSENTHAL LLP**  
**P.O. BOX 061080**  
**WACKER DRIVE STATION, SEARS TOWER**  
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David R. Metzger	(Depositor's name)
<i>David R. Metzger</i>	(Signature)
June 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/803,685	03/09/2001	Takahiro Endo	09792909-4804	7007

TITLE OF INVENTION: SOLID ELECTROLYTE BATTERY AND PRODUCTION METHOD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
RUTHKOSKY, MARK	1745	429-185000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sonnenschein, Nath  
 1. & Rosenthal LLP  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sony Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by check or credit any overpayment, to Deposit Account Number 19-3140 (enclose an extra copy of this form).

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(Authorized Signature) *David R. Metzger* (Date) 6-7-04

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